



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

FORM

**HC-62105** (11-16-2011)

## 2012 ECONOMIC CENSUS

### Offices of Dentists

OMB No. 0607-0934: Approval Expires 12/31/2013

**DUE DATE**  
**FEBRUARY 12, 2013**

(Please correct any errors in this mailing address.)

**Need help or have questions?**

- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** [econhelp.census.gov](http://econhelp.census.gov)
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

**HC-62105**

**INFORMATION COPY**  
**DO NOT USE TO REPORT**

**Report Online** - It's fast and secure!  
**Go to:** [econhelp.census.gov](http://econhelp.census.gov)

- **OR** -

**Mail** your  
completed  
form to:

**U.S. CENSUS BUREAU**  
**1201 East 10th Street**  
**Jeffersonville, IN 47134-0001**

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

☒ 0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

**1 EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 ☐ Yes - Go to **2**

0022 ☐ No - Enter current EIN (9 digits) —————→

0025

-

**2 PHYSICAL LOCATION**

**A.** Is this establishment's physical location the same as shown in the mailing address?  
(P.O. Box and rural route addresses are not physical locations.)

0031 ☐ Yes - Go to line B

0032 ☐ No - Enter —————→  
physical  
location

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

-

CONTINUE WITH **2** ON PAGE 2

**PENALTY FOR FAILURE TO REPORT**

**CONTINUE ON PAGE 2**

62105010



**2** PHYSICAL LOCATION - Continued

**B.** Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?  
(Mark "X" only ONE box.)

0041 ☐ Yes      0042 ☐ No      0043 ☐ No legal boundaries      0044 ☐ Do not know

**C.** In what type of municipality is this establishment physically located?  
(Mark "X" only ONE box.)

0046 ☐ City, village, or borough      0047 ☐ Town or township      0048 ☐ Other      0024 ☐ Do not know

**3** OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012?  
(Mark "X" only ONE box.)

0011 ☐ In operation

0013 ☐ Temporarily or seasonally inactive

0014 ☐ Ceased operation - Give date at right

0015 ☐ Sold or leased to another corporation - Give date at right  
AND enter name and address of new owner or operator  
and Employer Identification Number (EIN) below

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

0060 Name of new owner or operator

0061 EIN (9 digits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

0062 Mailing address (Number and street, P.O. Box, etc.)

<input type="text"/>
----------------------

0063 City, town, village, etc.

0064 State

0065 ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

0016 ☐ Other - Specify

0815

**4** MONTHS IN OPERATION

Mark "X" if None

2012 Number

Number of months in operation during 2012 (If none, mark "X" and go to 30.) . . . . . 0002

☐

HOW TO  
REPORT  
DOLLAR  
FIGURES

Dollar figures should be **rounded** to **thousands** of dollars.

If a figure is **\$2,035,628.79**:

**Report**

Mark "X" if None

☐

If a value is "0" (or less than \$500.00):

**Report**

☒

2012

\$ Bil.

Mil.

Thou.

EXAMPLE

**5** SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

\$ Bil.

Mil.

Thou.

Operating receipts . . . . . 0100

☐

**6** Not Applicable.

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

## 7 EMPLOYMENT AND PAYROLL

### Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown to the left of the mailing address or corrected in 1.

### Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

A. Number of employees for pay period including March 12, 2012 . . . . . 0000 ☐

Mark "X"  
if None

2012  
Number

B. Payroll before deductions (Exclude employer's cost for fringe benefits.) . . . . . Mark "X" if None

1. Annual payroll . . . . . 0300 ☐

2. First quarter payroll (January-March 2012) . . . . . 0310 ☐

2012		
\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

8-18 Not Applicable.

## 19 KIND OF BUSINESS OR ACTIVITY

Which **ONE** of the following best describes this establishment's principal kind of business or activity in 2012?

If none of the provided selections seem appropriate, provide a specific description of the primary business activity.

Mark "X" only **ONE** box.

### Dental services

- 0700 621 210 00 1 ☐ Dentist(s) or other specialty dental practitioner(s) having D.M.D., D.D.S., or D.D.Sc. degree, including orthodontists, endodontists, oral and maxillofacial surgeons, etc.
- 621 399 00 A ☐ Dental hygienist(s)
- 621 399 00 9 ☐ Denturist(s)
- 339 116 00 1 ☐ Dental laboratory

### Physician services (Include physicians with the degree of M.D. or D.O.)


- 621 111 00 2 ☐ Physician(s), excluding mental health specialists (Include practitioner(s) engaged in the practice of general or specialized medicine and/or surgery.)
- 621 112 00 1 ☐ Psychiatrist(s) or other mental health physician(s)

### Other kind of business or activity

773 000 00 2 ☐ Other kind of business or activity - Describe type of business or activity 7

0701

20 and 21 Not Applicable.


<b>HOW TO REPORT PERCENTS</b>		Percents should be <b>rounded to whole</b> percents.											
		Report thousands of dollars OR whole percents. Estimates are acceptable.											
		\$ Bil.		Mil.			Thou.			Percent			
		<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div>3</div> <div>9</div>					

*(Report receipts by source either as a dollar figure or as a whole percent of total receipts (reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more receipts lines.)*

**Line 1a** - Report receipts for clinical oral evaluations diagnosing specific problems and prescribing appropriate treatments. Include routine preventative services, diagnostic imaging, and oral pathology laboratory services when bundled with this service.

**Line 1b** - Report receipts for preventative procedures, such as fluoride treatments, scaling and polishing, and passive dental appliances. Report preventative services bundled with consultation services on **line 1a**.

**Line 2 and line 3** - Include pre-procedure consultation, diagnostic, anesthesia, post-procedure care, and prescription medicine services when bundled with these services.




Description of sales, shipments, receipts, or revenue		2012			
		Report thousands of dollars OR whole percents. Estimates are acceptable.			
		\$ Bil.	Mil.	Thou.	Percent
<b>1.</b>	Dental visits and consultations				
<b>a.</b>	Consultation and diagnostic services . . . . . 30221				
<b>b.</b>	Preventative services . . . . . 30222				
<b>2.</b>	Dental surgical intervention services				
<b>a.</b>	Surgical periodontal services . . . . . 30231				
<b>b.</b>	Implant services . . . . . 30233				
<b>c.</b>	Surgical oral and maxillofacial services . . . . . 30234				
<b>d.</b>	Surgical endodontic services . . . . . 30235				
<b>e.</b>	Other surgical intervention services - <i>Describe</i> 				
	<div></div> 30236				
<b>f.</b>	<b>Add lines 2a through 2e</b> . . . . . 30230				
<b>3.</b>	Dental non-surgical intervention services				
<b>a.</b>	Restorative dental services . . . . . 30241				
<b>b.</b>	Non-surgical endodontic services . . . . . 30242				
<b>c.</b>	Non-surgical periodontal services . . . . . 30243				

CONTINUE WITH 22 ON PAGE 5

**CONTINUE ON PAGE 5**

62105044

**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.****22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
<b>3.</b> Dental non-surgical intervention services - Continued				
<b>d.</b> Prosthodontic (fixed and removable) services . . . . . 30247				
<b>e.</b> Orthodontics . . . . . 30246				
<b>f.</b> Maxillofacial prosthetics . . . . . 30248				
<b>g.</b> Other non-surgical intervention services - Describe 				
<div></div> 30249				
<b>h.</b> Add lines 3a through 3g . . . . . 30240				
<b>4.</b> Medical and diagnostic testing . . . . . 30250				
<b>5.</b> Anesthesia services . . . . . 30260				
<b>6.</b> Resale of merchandise - Describe 				
<div></div> 39698				
<b>7.</b> All other operating receipts - Describe if more than 10 percent of total receipts or revenue 				
<div></div> 39749				
<b>8. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars . . . . . 39850</b>				100

**23-25** Not Applicable.**26** SPECIAL INQUIRIES**A. DENTAL CARE**

Estimate the percent of dental care from:

**1.** Services paid by individuals, insurers, or government payers, such as Medicare and Medicaid . . . . . 9860**2.** Services paid by other health/dental providers or facilities . . . . . 9861**3. TOTAL . . . . .**

2012	
Percent	
	%
	%
100	%

CONTINUE WITH **26** ON PAGE 6

CONTINUE ON PAGE 6

62105051

**26** SPECIAL INQUIRIES - Continued**B. PERSONNEL BY OCCUPATION**

**Enter employment reported on IRS Form 941**, Employer's Quarterly Federal Tax Return, by occupational category in column 1. The total of column 1 should equal the number reported in **7**, line A.

**Enter each active proprietor or partner** by occupational category in column 2. Only the proprietor or partners **not** considered employees of the firm for federal tax purposes should be included. Unincorporated practices operating at more than one location should report the proprietor or partners at the one location at which they spend most of their working time.

	Number of employees for pay period including March 12, 2012	Number of active proprietors or partners for pay period including March 12, 2012
1. Dentists - licensed practitioners having <b>D.M.D.</b> , <b>D.D.S.</b> , or <b>D.D.Sc.</b> degree . . . . . 3213	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3273 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Other dental practitioners (Include hygienists, technicians, and assistants.) . . . . . 3214	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3283 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Registered nurses . . . . . 3219	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3279 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Licensed practical nurses . . . . . 3220	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3280 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. All other health practitioners . . . . . 3221	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3281 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. All other employees (Include management and administrative staff.) . . . . . 3222	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3282 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. <b>TOTAL</b> (Sum of lines 1 through 6, for employees, should equal <b>7</b> , line A.) . . . . . 3200	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3260 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**27-29** Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

**30** CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.Is the time period covered by this report a  
calendar year?☐

Yes

☐

No - Enter time period covered →

FROM

Month

Year

TO

Month

Year

Name of person to contact regarding this report

Title

Tele-  
phone

Area code

Number

Extension

Fax

Area code

Number

E-mail address

Date  
completed

Month

Day

Year

**Thank you for completing your 2012 ECONOMIC CENSUS form.****PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

62105069